

BURGESS HILL URBAN DISTRICT COUNCIL

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

For the Year 1952.

by

WILLIAM B. STOTT,

L.R.C.P. & S. (Edin)., D.P.H., (Camb.).



URBAN DISTRICT COUNCIL OF BURGESS HILL.

R E P O R T

of

THE MEDICAL OFFICER OF HEALTH.

TO THE CHAIRMAN AND MEMBERS OF THE BURGESS HILL URBAN DISTRICT COUNCIL.

I have the honour to submit my Annual Report for the year 1952.

The Crude Death Rate is 14.17 and this figure when adjusted gives a Corrected Death Rate of 10.62 which compares with 11.3 for England and Wales.

The Infant Mortality Rate is 9.43 as compared with 27.6 for the country as a whole and with 26.55 for 1951.

No deaths occurred during the year from diphtheria, scarlet fever, whooping cough, measles or typhoid fever.

DIPHTHERIA IMMUNISATION.

Since July 1948, the County Council has been responsible for the administration of this scheme and the County Medical Officer of Health has delegated the duties in connection with local arrangements to your Medical Officer of Health.

For the eighth consecutive year no case of diphtheria has occurred in this district, and in fact only six children have contracted diphtheria during the past twelve years.

On page 8 will be found details of the immunisation position in the district, and it will be seen that the percentage of immunised children from 0 - 15 years of age at the end of the year was 92.

Combined Diphtheria and Whooping Cough Immunisation.

As from November, 1952 parents in the Mid-Sussex Area have been offered facilities for the combined immunisation against diphtheria and whooping cough for children over the age of three months.

There was some doubt about the effectiveness of whooping cough prevention until the results of the Medical Research Council's trials were made known, but these proved that certain types of vaccine reduced the incidence of whooping cough in those inoculated and also markedly reduced the severity and duration of the illness in those who contracted it.

At the present time in this country whooping cough is dreaded more than diphtheria, due to the success achieved by immunisation against the latter disease. This should not lead to a feeling of complacency and it is most important that immunisation against diphtheria be continued. As a combined whooping cough and diphtheria prophylactic is now available it is hoped that parents will accept the new procedure in the same way as they have done for diphtheria.

The following circular letter which explains the scheme is sent to every parent when a child reaches the age of three months.

"Protection against Diphtheria and Whooping Cough."

For many years now it has been the custom in this district for children to be immunised against diphtheria at about the eighth or ninth month, and this has been carried out by the family doctor or by Dr. Duke, Deputy Medical Officer of Health.

For some time we have been trying to find a preparation which will protect against whooping cough, a disease which is likely to attack young infants severely, especially infants under one year. Approximately 300 children died of this disease in England and Wales last year.

A vaccine has now been found which makes your children less likely to catch whooping cough or if they do get it, makes serious illness and complications much less likely. It is given mixed with the diphtheria vaccine so the total number of injections will be less, and it has been decided to give all parents the chance of having their children treated free by this method.

As whooping cough is a serious matter in the first year of life, immunisation should be started as soon as possible after the age of three months, three injections at monthly intervals being required.

The new preparation is quite as good against diphtheria as the one we have been using and children can be tested, as before, three months after the last dose in order to make sure they are protected against this disease.

I strongly advise you to take advantage of the combined immunisation; but if you decide to have your child immunised only against diphtheria this would be done about the eighth or ninth month.

Your family doctor will give the injections or you can have it done by Dr. Duke at the special clinics which are held throughout the district and the District Nurse or Health Visitor will advise you about these.

Will you please complete the attached form and return it to me in the enclosed stamped addressed envelope."

Our experience has been that the great majority of parents are accepting the new scheme, a small minority preferring to wait until the eighth or ninth month and have only the inoculation against diphtheria.

Park Davis W.D.P. is being used to immunise the children and it has the advantage that it does not contain alum, a substance which is reputed to increase the risk of post-inoculation poliomyelitis when that disease is prevalent in the district. We have found that this antigen seems to cause less discomfort than injections against diphtheria alone and there have been very few reactions. It is too early yet to give the Schick Conversion Rate but, as evidenced by the number already tested, this antigen appears to be giving as good results as those for diphtheria alone. Few areas carry out the Schick test as practised here but I regard it as very important to know if children are being properly protected, especially when new immunising agents are being employed and children are being inoculated as early as the third month, as it has been stated that children at this age may have antitoxin in their blood passed on from the mother which might interfere with the immunising process.

To summarise, the scheme as now carried out in this area is as follows:-

Commencing at the third month three injections of W.D.P. are given at monthly intervals followed by a Schick test three months after the final injection. As an alternative children can be immunised at the eighth or ninth month against diphtheria only. At five years of age when the child enters school a reinforcing injection of A.P.T. is given. At ten years of age children are Schick tested, those requiring it receiving one or more injections of T.A.F.

In the Report of the Chief Medical Officer of the Ministry of Health for 1951 particulars are given of three outbreaks of diphtheria which occurred in England and from a study of them certain facts were established. None of the twelve children who died had been immunised and the value of immunisation was well illustrated by one of the children who died. This child aged eight years was the youngest of eight children and all the others in this family had been immunised and escaped infection. The organism causing these outbreaks was of the gravis (virulent) type and the conclusion reached was that with a virulent organism even comparatively recently inoculated persons may contract the disease but in a mild form and that reinforcing injections are necessary to maintain immunity.

All the testing and test reading throughout the area has been carried out by Dr. H. L. Duke, Deputy Medical Officer of Health. It is mainly due to his efforts and those of Miss F. M. Dean, Immunisation Clerk, that the scheme runs so smoothly and efficiently.

HEALTH EDUCATION.

A new venture was started during the year, that of obtaining more education of senior schoolchildren in the subject of health and, as so much of what I have to say refers to the whole Mid-Sussex Area, this account includes the Cuckfield Rural and Cuckfield Urban Districts as well as this district.

It is well known that a great deal of disease and ill health is due to the lack of knowledge of the rules of health and the Councils in this area have played their part in such ways as by holding Health Weeks, Clean Milk Competitions, Food Hygiene Exhibitions, the Diphtheria Immunisation Scheme, the instruction of food handlers by means of talks by the Medical Officer of Health and Sanitary Inspectors, talks to Women's Institutes, Townswomen's Guilds and other organisations and other similar activities.

I had come to realise that children when they left school at 15 years of age had a very limited knowledge of health matters and I knew also that children were better subjects than adults for such instruction, the difficulty being of course how to provide this instruction. The opportunity came when a Headmaster made a request for a number of copies of my last Annual Report for his schoolchildren in their last year at school.

I have always tried to make my Annual Report as interesting as possible and have gone to some trouble to write up certain features as a preface to the reports. In the three districts several hundred copies are sent out to Councillors, Officials, General Medical Practitioners, Health Visitors, District Nurses, Headmasters of Council Schools, Women's Institutes, Townswomen's Guilds and various other organisations. Although the local press give considerable publicity to the contents of the Report it has been rare to receive any observations except from Members of the Public Health Committee at the Meeting at which the Report was presented. It came therefore as something of a shock to be told on the phone by a Headmaster that he found my Report interesting and that there was much in it which would be of benefit to his pupils. In addition to asking for a number of copies he asked if I would be willing to attend at the school in a few weeks time to answer any questions on my Report. I was only too happy to comply with his request and at the meeting with the children took the opportunity of giving a short talk on the duties of a Medical Officer of Health. It was obvious from the questions that the children were really interested in the subject and had studied it and I felt there was a future for this form of health education if I could obtain the necessary co-operation.

I then asked and obtained permission from the Chief Education Officer, East Sussex County Council, to approach Headmasters of Secondary Schools and schools with senior schoolchildren, and he left it to the Headmaster to agree with me about the form which the health education should take. The Headmasters in every case welcomed the idea and various schemes were started.

In one Secondary School the Headmaster arranged for the Science Teachers to give the instruction, the syllabus being agreed and included — water supply, sewage disposal, causes and prevention of disease, milk supply and pioneers in public health. It was arranged for me to give the introductory talk at which I told of the achievements in preventive medicine and the action taken to prevent and limit outbreaks of infectious diseases. This was followed later by a talk by the Senior Sanitary Inspector on his work with special emphasis on food hygiene. The children were divided into groups and each compiled notes, diagrams and graphs on diseases, death rates, infant mortality etc. Films were obtained on water, clean milk production, vaccination and immunisation. Visits have been made to the Mid-Sussex Waterworks, a model dairy, a dairy farm and a hospital. The work is being continued by using a series of broadcasting lessons on the subject of Health at Home and Work as follows:-

Vitamins, the school health service, controlling pests, health in the factory, the district nurse, health services.

I am grateful to the Headmaster for his helpful co-operation and for his comprehensive report on the completion of the course, extracts from which I have embodied in the above review.

At a number of other schools the Headmasters asked me to give a course of talks, their point of view being that I would be talking from actual experience. In these schools I have given or am giving a series of weekly talks lasting about forty minutes followed by twenty minutes for questions. The subjects include water supply, sewage disposal, milk supply, composition and preservation of food food infections, causes and prevention of infectious diseases, the working of the body and personal hygiene. The questions are usually numerous and of a high standard and demonstrate the interest of the children in the subject.

I have outlined the two methods already tried and I always stress that it is for the Headmaster to decide which form if any it should take, and that I am available to give one or more talks if required. All the Headmasters inform me that they are desirous of continuing with this form of health education during one term every year so that this will mean that every child before leaving school will have received a comprehensive course of instruction in hygiene and public health.

Much has been achieved in the last twenty years by health education and spitting is an example which springs to mind. At one time it was very common to see a person spitting in the streets and in public vehicles. This habit is now rare and if anyone offends he is in no doubt of the attitude of his fellow men. What has been said of spitting applies equally to coughing and sneezing. There have been great strides also in personal cleanliness, the taking of baths and washing of hands especially when handling food and before meals are now regarded as normal procedure.

We must however go much further than disease prevention in our health education. We must teach how people can achieve optimum health as distinct from absence of disease. There is a great deal of ignorance about how the body works and the reasons why minor ailments appear. It so often happens that a minor ailment becomes a major one in course of time, due to neglect or to breaking one of the simple rules of health. It is well known that there is a great deal of ill health due to digestive disorders as shown by the large amount of digestive powders and tablets which are sold. I have heard it said that the amount of these consumed per head of the population in this country is several times that consumed in France. This would indicate that there is something radically wrong with our food habits and it would seem that research into the causes would be fruitful and with the answer to hand education of the public could follow. In this connection I still remember our lecturer in anatomy impressing on us the small size of the normal stomach and what people put into it and with what results! I am afraid that the average person who owns a motor-car knows more about how it works and how to prevent it breaking down than he does about his own body.

MASS RADIOGRAPHY SURVEY.

By arrangement with Dr. B.G.Rigden, Medical Director, East Sussex Mass Radiography Unit, a Survey was carried out in Burgess Hill in the spring of 1952. Examination was open to anyone living in this district and posters and leaflets giving particulars of the times for attendance were distributed in the district. A total of 1,239 persons attended and four were found to have active pulmonary tuberculosis and twenty-five inactive pulmonary tuberculosis. This Survey not only brought to light early and generally unsuspected cases of pulmonary tuberculosis but had a health education value in drawing the attention of the public to the facilities available for early diagnosis. It had been hoped to have a visit from the Unit during 1953 but owing to other commitments this will not be possible.

FOOD HYGIENE.

Frequent inspections are carried out of all food premises and the standard of food hygiene continues to improve. The main points which catering establishments have to watch in preventing an outbreak of food poisoning are:-

1. Absence of supervision and control over possibly infectious conditions amongst the staff.
2. The slow cooling of heated meat foods.
3. Neglect of personal cleanliness, especially of washing the hands after use of the sanitary convenience.
4. The preparation of food the day before consumption and failure to store at a sufficiently low temperature.
5. Failure to protect food from vermin.
6. Unnecessary handling of food.
7. Failure to cover food on display.

WATER SUPPLY.

1. The water supply of the district, provided by the Burgess Hill Water Company, has continued to be satisfactory in quality. There has again been no shortage of water during the summer months.
2. The Company carried out monthly bacteriological examination of the raw water and all were satisfactory. The water was chlorinated.
3. The supply is not liable to plumbo-solvent action.
4. There was no evidence of the supply being contaminated.
5. With the exception of three houses, all are provided with a piped supply direct to the house.

My thanks are due to Mr. J. W. Hobson, Sanitary Inspector, for his help and co-operation and for the particulars supplied for this report.

I should like to take this opportunity of expressing my appreciation of the consideration, support and assistance I have received from the Chairman and Members of the Public Health Committee.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

W.B.STOTT.

Medical Officer of Health.

PUBLIC HEALTH STAFF.

<u>Medical Officer of Health:</u>	William B. Stott, L.R.C.P. & S. (Edin)., D.P.H. (Camb).
<u>Deputy Medical Officer of Health:</u>	H. L. Duke, O.B.E., M.D., Sc.D. (Camb)., D.T.M. & Hy.
<u>Sanitary Inspector:</u>	J. W. Hobson, M.S.I.A. Certified Meat Inspector.
<u>Clerks to the M.O.H.:</u>	Miss G. L. Everson. Miss G. J. Shuttlewood.
<u>Clerk to the S.I.:</u>	Miss J. Hardcastle.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Summary of Statistics for the years:

	1950	1951	1952
Area of District in Acres	2,024	2,024	2,024
Population estimated to middle of year	8,224	8,685	8,748
Rateable Value	£68,374	£69,437	£69,761
Sum represented by a Penny Rate	£271	£272	£275
Density of Population (persons per acre)	4.06	4.29	4.32
Number of Houses	2,546	2,570	2,585
Birth Rate per 1,000 population	17.51	13.01	12.12
Death Rate per 1,000 population	12.77	14.51	14.17
Infant Mortality Rate	20.83	26.55	9.43

CAUSES OF DEATH IN BURGESS HILL URBAN DISTRICT.

	<u>Males</u>	<u>Females</u>
1. Tuberculosis, respiratory	-	-
2. Tuberculosis, other	-	-
3. Syphilitic disease	-	-
4. Diphtheria	-	-
5. Whooping Cough	-	-
6. Meningococcal infections	-	-
7. Acute poliomyelitis	-	-
8. Measles	-	-
9. Other infective and parasitic diseases	-	-
10. Malignant neoplasm, stomach	3	1
11. Malignant neoplasm, lung, bronchus	2	-
12. Malignant neoplasm, breast	-	3
13. Malignant neoplasm, uterus	-	2
14. Other malignant and lymphatic neoplasms ..	5	6
15. Leukaemia, aleukaemia	1	-
16. Diabetes	-	-
17. Vascular lesions of nervous system	7	14
18. Coronary disease, angina	10	6
19. Hypertension with heart disease	2	1
20. Other heart disease	18	8
21. Other circulatory disease	2	2
22. Influenza	2	-
23. Pneumonia	-	-
24. Bronchitis	3	4
25. Other diseases of respiratory system	1	1
26. Ulcer of stomach and duodenum	1	-
27. Gastritis, enteritis and diarrhoea	-	2
28. Nephritis and nephrosis	1	-
29. Hyperplasia of prostate	2	-
30. Pregnancy, childbirth, abortion	-	-
31. Congenital malformations	-	-
32. Other defined and ill-defined diseases	3	10
33. Motor vehicle accidents	-	-
34. All other accidents	-	-
35. Suicide	-	1
36. Homicide and operations of war	-	-
Totals:	<u>63</u>	<u>61</u>

BIRTH RATE, CIVILIAN DEATH RATE AND ANNUAL ANALYSIS OF MORTALITY.

During the Year 1952 (Provisional Figures)

	Rate Per 1,000 Civilian Population		Annual Death Rate per 1,000 Population										Rate Per 1,000 Live Births	
	Live Births	Still Births	All Causes	Typhoid and Paratyphoid Fevers	Whooping Cough	Diphtheria	Tuberculosis	Influenza	Smallpox	Acute Poliomyelitis (including Polio-encephalitis)	Pneumonia	Diarrhoea and Enteritis (under 2 years)	Total Deaths under 1 year	
England and Wales	15.3	0.35	11.3	0.00	0.00	0.00	0.24	0.04	0.00	0.01	0.47	1.1	27.6	
160 County Boroughs and Great Towns (including London)	16.9	0.43	12.1	0.00	0.00	0.00	0.28	0.04	-	0.01	0.52	1.3	31.2	
160 Smaller Towns (Resident Population 25,000 to 50,000 at 1951 Census)	15.5	0.36	11.2	0.00	0.00	0.00	0.22	0.04	-	0.00	0.43	0.5	25.8	
London	17.6	0.34	12.6	-	0.00	0.00	0.31	0.05	-	0.01	0.58	0.7	23.8	
Burgess Hill Urban ..	12.12 *12.60	0.11	14.17 *10.62	-	-	-	--	0.23	-	-	-	18.87	9.43	

* Corrected death rate; Corrected birth rate.

Puerperal Sepsis		Others	Total
0.09		0.20	0.29
Nil		Nil	Nil

The Maternal Mortality Rates for England and Wales are as follows: Per 1,000 Total Births
The Maternal Mortality Rates for the Burgess Hill Urban District are as follows

BIRTHS AND DEATHS.

Births and Birth Rate:

The following table shows the Births registered for the year 1952:-

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate	51	52	103
Illegitimate	1	2	3
Totals: ..	52	54	106

This gives a rate of 12.12 per 1,000 population.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Total Stillbirths:	-	1	1
Legitimate	-	1	1
Illegitimate	-	-	-

Deaths and Death Rate:

The following table shows the Deaths registered for the year 1952:-

<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
63	61	124

This gives a mortality rate of 14.17 per 1,000 population.

The correct death rate is 10.62.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Laboratory Facilities:

All milk and water samples, infectious disease and food poisoning specimens are sent to the Public Health Laboratory, Brighton. Medical practitioners send the specimens direct to the Laboratory, and they receive the report by telephone, a copy of such report being sent to this office. My thanks are due to Dr. J.E. Jameson, Medical Director, for his informative reports and helpful advice on many occasions.

Ambulance Facilities:

Cases of infectious diseases are now removed by one of the two British Red Cross Society's ambulances stationed at Lavender's Garage, Sussex Road, Haywards Heath.

Hospital Accommodation for Infectious Diseases:

Twenty-six beds are available at the Mid-Sussex Isolation Hospital for the treatment of cases of infectious disease, twelve of these beds are in a cubicle block and the other fourteen in a block consisting of two main wards and side wards.

A table on page 11 gives particulars of admissions during the year.

Smallpox:

The South-East Metropolitan Regional Hospital Board state that cases of smallpox occurring in this district should be sent to the River Hospitals (Long Reach), Dartford Kent.

DIPHTHERIA IMMUNISATION.

0 - 15 Years of Age.

Number on Roll	2,231
Number Immunised	2,063
Percentage	92

The table below shows the immunisation figures for every school in the district:-

	<u>On Roll</u>	<u>Immunised</u>	<u>Percentage</u>
<u>SCHOOLS: Primary and County Secondary.</u>			
Burgess Hill County Secondary	378	371	98
Junction Road	371	365	98
London Road	304	297	97
	1,053	1,033	98
<u>NOT YET AT SCHOOL, or at school outside our area</u>	177	171	97
<u>SCHOOLS: Private</u>	332	329	99
	1,562	1,533	98

During the year:- 97 children were immunised.
 181 children were Schick tested.
 178 children had a reinforcing injection.

VACCINATION.

Seventy-eight children were vaccinated under the age of one year — a percentage of 64.

CLINICS AND TREATMENT CENTRES.

INFANT WELFARE CENTRE:

Burgess Hill	E.S.C.C. Clinic, Mill Road, Burgess Hill	1st and 3rd Thursday Dr. on 1st Thursday
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CLINICS:

<u>Diphtheria Immunisation</u>	E.S.C.C. Clinic, Mill Road, Burgess Hill	1st Friday 2 - 3.30 p.m.
<u>Tuberculosis</u>	E.S.C.C. Clinic, Oaklands, Boltro Road, Haywards Heath	Every Thursday except 2nd Thursday
<u>Orthopaedic</u>	E.S.C.C. Clinic, Mill Road, Burgess Hill	Tuesday 9 a.m. to 5 p.m. Friday 9 a.m. to 12.30 p.m. Dr. usually attends 4th Wednesday at 10.15 a.m. (by appointment)
<u>Speech Therapy</u>	E.S.C.C. Clinic, Mill Road, Burgess Hill	Wednesday 2 p.m. (by appointment)
<u>Child Guidance</u>	<u>East Grinstead:</u> Moat Road	Every Friday 10 a.m. (by appointment)
	<u>Lewes:</u> Castlegate House	Every Wednesday 10 a.m. (by appointment)
	<u>Hove:</u> 33 Clarendon Villas	Tuesday 10 a.m. Thursday 2 p.m.
<u>Minor Ailments</u>	E.S.C.C. Clinic, Mill Road, Burgess Hill	Weekdays (Mondays to Fridays) 9 a.m. - 10 a.m.
<u>Dental</u>	E.S.C.C. Clinic, Mill Road, Burgess Hill	By appointment
<u>School Clinic</u>	E.S.C.C. Clinic, Mill Road, Burgess Hill	Dr. Douglas (by appointment)
<u>Family Planning</u>	E.S.C.C. Clinic, Oaklands, Boltro Road, Haywards Heath	2nd and 4th Wednesday 2 p.m. Dr. each session (by appointment)
<u>Sub-Fertility</u>	E.S.C.C. Clinic, Oaklands, Boltro Road, Haywards Heath	1st Wednesday 2 p.m. Dr. each session (by appointment)

Venereal Diseases - Facilities available at Royal Sussex County Hospital, Brighton.

<u>Men</u>	Monday	4.30 p.m.
	Wednesday	9.30 a.m.
	Thursday	1.30 p.m.
<u>Women and Children</u>	Tuesday	1.30 p.m.
	Thursday	10 a.m.
	Saturday	9.30 a.m.

New cases must attend at least one hour before the Clinic closes.

Disease	Total Cases notified	Under 1 year	1 - 2	2 - 3	3 - 4	4 - 5	5 - 10	10 - 15	15 - 20	20 - 35	35 - 45	45 - 65	65 and over	Cases admitted to Hospital	Total Deaths
Poliomyelitis	4	-	-	-	1	-	1	-	1	-	1	-	-	4	-
Pneumonia	13	-	-	1	-	-	2	-	-	3	2	3	2	4	-
Food Poisoning	3	-	-	-	-	-	1	1	-	-	-	-	1	-	-
Measles	213	7	6	16	25	21	105	15	9	4	5	-	-	-	-
Whooping Cough	10	-	1	2	-	1	2	4	-	-	-	-	-	-	-
Totals:	243	7	7	19	26	22	111	20	10	7	8	3	3	8	-

TUBERCULOSIS - NEW CASES AND MORTALITY, 1952.

Age Groups	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	Males	Females	Males	Females	Males	Females	Males	Females
0 .. 1	-	-	-	-	-	-	-	-
1 - 5	-	-	-	-	-	-	-	-
5 - 15	-	-	3	-	-	-	-	-
15 - 25	1	2	-	-	-	-	-	-
25 - 35	2	2	1	-	-	-	-	-
35 - 45	-	-	-	-	-	-	-	-
45 - 55	-	-	-	-	-	-	-	-
55 - 65	-	-	-	-	-	-	-	-
65 and over	-	-	-	-	-	-	-	-
Totals:	3	4	4	-	-	-	-	-

INFECTIOUS DISEASE

Notification Rates per 1,000 of the Population.

Notifications	England and Wales	Burgess Hill Urban
Typhoid Fever	0.00	-
Paratyphoid Fever	0.02	-
Meningococcal Infection	0.03	-
Scarlet Fever	1.53	-
Whooping Cough	2.61	0.11
Diphtheria	0.01	-
Erysipelas	0.14	-
Smallpox	0.00	-
Measles	8.86	24.35
Pneumonia	0.72	1.49
Acute Poliomyelitis (including Polioencephalitis)		
Paralytic	0.06	0.11
Non-paralytic	0.03	0.34
Food Poisoning	0.13	0.34

THE MID-SUSSEX ISOLATION HOSPITAL.

I am indebted to the Matron, Miss J.M.Reid, for the following particulars of cases admitted during the year.

Disease.	Cuckfield Rural District	Cuckfield Urban District	Burgess Hill Urban District	East Grinstead Urban District	Uckfield Rural District	Other Districts	Totals
Poliomyelitis	7	-	3	1	3	1	15
Poliomyelitis and Pncumonia	1	-	-	-	-	-	1
Observation Poliomyelitis	-	-	1	2	-	-	3
Scarlet Fever	13	-	-	1	1	-	15
Observation Scarlet Fever	-	-	-	3	2	-	5
Glandular Fever	1	-	-	-	-	-	1
Measles	3	-	-	1	3	1	8
Rubella	1	-	-	-	-	2	3
Whooping Cough	-	-	-	1	-	1	2
Observation Whooping Cough	1	-	-	-	-	-	1
Dysentery	2	-	-	-	-	-	2
Dysentery "Carrier"	1	-	-	-	-	-	1
Gastro-enteritis	1	1	-	-	-	-	2
Diarrhoea	-	-	-	1	-	-	1
Chickenpox	-	1	-	2	-	5	8
Chickenpox and Diarrhoea	1	-	-	-	-	-	1
Erysipelas	3	-	-	1	-	-	4
Encephalitis	1	-	1	-	-	-	2
Meningitis	-	-	1	-	-	-	1
Observation Tuberculous Meningitis ..	-	-	1	-	-	-	1
Mumps	4	-	-	-	-	-	4
Mumps and Orchitis	1	-	-	-	-	-	1
Vincent's Angina	1	1	-	-	-	-	2
Tonsillitis	3	-	-	-	1	-	4
Sinusitis	-	-	-	-	1	-	1
Bronchitis	-	1	-	-	-	-	1
Stomatitis	1	-	-	-	-	-	1
Pncumonia and Drug Rash	-	-	-	-	1	-	1
Drug Rash	-	-	-	-	-	2	2
Impetigo and Oedema of Face	-	1	-	-	-	-	1
Malaria	-	-	-	-	1	-	1
Mal-feeding	-	1	-	-	-	-	1
Tuberculosis (Pulmonary)	2	1	-	-	-	15	18
Totals:	48	7	7	13	13	27	115

The Cubicle Block allowed thirty-two different diseases, observation cases or diseases with complications to be dealt with.

SANITARY SUPERVISION OF THE AREA.

Mr. Hobson, Sanitary Inspector, has furnished the following report on the sanitary supervision of the district.

Summary of Inspections.

<u>Housing:</u>	Under Housing Acts	6	
	Under Public Health Acts	224	
	Re-visits	281	
	Rehousing visits	<u>171</u>	682
<u>Public Health Acts:</u>	Infectious Disease	39	
	Premises Disinfected	6	
	Infestations dealt with	48	
	Movable dwellings	45	
	Smoke Inspections	1	
	Watercourses	<u>2</u>	141
<u>Food Premises:</u>	Bakehouses	23	
	Slaughterhouses	13	
	Ice-cream	21	
	Catering Establishments	10	
	Licensed Premises	5	
	Foodshops	95	
	Dairies	<u>25</u>	192
<u>Trade Premises:</u>	Factories - Mechanical Power	5	
	Factories - Non Mechanical	1	
	Petroleum Acts	76	
	Pet Animals Act	<u>2</u>	84
<u>Miscellaneous:</u>	Rats and Mice (made by Rodent Operator) ..	2677	
	Swimming Pool	6	
	Unclassified	<u>27</u>	2710
Total Visits: ..			<u>3809</u>
<u>Samples Taken:</u>	Drinking Water (Mains) Chemical and Bacteriological	4	
	Swimming Pool - Bacteriological	1	
	Swimming Pool - (Tested on spot)	2	
	Ice-cream - Bacteriological	45	
	Milk - Bacteriological, Biological and Phosphatase	176	
	Individual quarter samples for tracing Brucella abortus	<u>64</u>	292

COMPLAINTS

During the year 142 complaints were received (not including reports of rats and mice). The complaints concerned:-

Housing Defects	50
Drainage	36
Infestations (various)	19
Miscellaneous	<u>34</u>

NOTICES.

Number of notices outstanding at end of 1951	32
Number of notices served during 1952:-	
(a) Preliminary	39
(b) Statutory	1
(c) Verbal	<u>44</u>
	116
Number of notices complied with during 1952 ..	90
Number of notices outstanding at end of 1952 ..	26

SUMMARY OF WORK CARRIED OUT DURING THE YEAR.

1. No. of dwelling houses at which structural repairs were carried out	47
2. No. of dwelling houses at which cleansing and redecoration were carried out ..	6
3. No. of premises at which accumulations and obstructions were removed ..	17
4. No. of dwelling houses at which renewals, repair or extension of drainage systems were carried out.. .. .	21
5. No. of dwelling houses at which obstructed drainage systems were cleared ..	57
6. No. of dwelling houses at which drainage system was connected to main sewer and cesspools abolished	3
7. No. of dwelling houses at which new dustbins were supplied	1
8. No. of dwelling houses at which flooding was dealt with	1
9. No. of W.C.s repaired, renewed, or additionally provided	13
10. No. of W.C.s to which fixed wooden seats were abolished	3
11. No. of drains tested	21
12. No. of cesspools emptied	92
13. No. of bakehouses and other food preparing premises to which improvements were carried out	5
14. No. of factories, offices and shops to which improvements were carried out ..	8

CESSPOOL EMPTYING SCHEME.

This service has now completed its third year and continues to work very satisfactorily. A cesspool emptying vehicle, complete with crew is loaned by the Cuckfield Rural District Council for one day per month and during the year 92 emptyings were done. Most of the work is done on the basis of a standing order for the periodical emptying of a cesspool but casual requests are also received.

The fact remains, however, that in the period between emptyings even at a quarterly interval, cesspools fill up and over-flow and this method of drainage is most unsatisfactory.

The Council has quite rightly decided to use the powers contained in the Town and Country Planning Acts to prevent as far as possible the building of any further houses in locations where a connection to a sewer cannot be provided.

RATS AND MICE.

The Council employs a full-time operator to deal with rats and mice destruction. A free service is provided for the treatment of infestations in private dwelling houses and work is carried out at cost price in the case of business premises. A continual house-to-house survey is carried out and the fourth of such surveys over the whole district has just been completed.

It is found that progressively less time is available for this survey, as more time is required for dealing with requests for treatment now that this service is becoming well known in the district.

The Council's refuse tip has received regular attention and has remained free from serious infestation. Two treatments have been carried out during the year.

The annual test-baiting of the whole system of sewers was carried out, and this time no infestation was found.

During the year 167 complaints were received and 2,677 visits were made to 972 separate premises; 145 infestations of rats and 61 of mice were found and dealt with, the estimated kill being 664 rats and 930 mice. Actual bodies found were 344 rats and 66 mice.

The operator, Mr. S. W. Cook, continues to give the Council good service in this section of the Department's work.

INSPECTION AND SUPERVISION OF MILK AND FOOD SUPPLIES.

<u>Retail Dairies:</u>	Number of distributors	..	..	..	6
	Number of retail dairies on register	..	..	..	6
	Number of inspections	..	..	..	25

Licences Granted under Milk (Special Designations) Regulations, 1949.

Tuberculin Tested (Dealers)	..	..	5
Tuberculin Tested (Supplementary)	..	..	1
Pasteurised (Dealers)	..	..	5
Pasteurised (Supplementary)	..	..	1

Sampling:

(a) Bacteriological Examination:-

Number of samples taken	..	..	109
Number satisfactory	..	..	79
Number unsatisfactory	..	..	30

(b) Biological Test for T.B. etc.,:-

Number of samples taken	..	..	34
Number satisfactory	..	..	30
Number containing tubercle bacilli	..	..	-
Number containing Brucella abortus	..	..	4
Number of individual quarter samples for detection of Brucella abortus	..	..	64

(c) Phosphatase Test for Pasteurisation:-

Number of samples taken	..	..	33
Number satisfactory	..	..	32
Number unsatisfactory	..	..	1

Ice-cream:

Number of Manufacturers	..	..	..	1
Number of Retailers	..	..	..	33

Bacteriological Examination:-

Number of samples taken	..	..	45
Number satisfactory	..	..	34
Number unsatisfactory	..	..	11

MEAT AND FOOD INSPECTIONS.

Meat: One slaughterhouse only is licensed and is used for the occasional slaughter of pigs under Ministry of Food Licences.

Twenty-three pigs and two calves were slaughtered during the year.

Food: Seventy-nine visits were made to various premises for the purpose of food inspection and the following list shows the amount of foods of various kinds condemned:-

	lbs.
Tinned Ham	13
" Meat	83
" Chicken	2
" Fish	81
" Vegetables	13
" Soups	20
" Fishpastes, fish roll - fish balls	315
" Milk	18
" Fruit	293
" Miscellaneous foods	336
Pickles and sauces	30
Preserves etc.	36
Essences	24
Cereals	1
Meat	4
Currants	50
Bacon	8
Sausages	20
Fish	118
Eggs (Ducks - 204)	50
Anchovies	6
Margarine	7
	<u>1528</u> lbs

Total: 13 cwt. 2 qrs. 16 lbs.

HOUSING.

In the new estate off St. Andrew's Road, 18 houses and 6 flats are being erected and the last of these are still under construction. Those already completed and occupied have begun to relieve the very serious pressure on the Waiting List, there having been no new houses provided for a period of three years.

A further scheme for 28 houses is shortly to be commenced on the same estate, and the Council has further schemes in hand, also for this locality. One of them is for building in non-traditional materials and dwellings of the Cornish Unit type are planned. The Council has also decided to erect blocks of flats on land in the centre of the town.

Altogether some 150 further dwellings are planned, and this is expected to deal with all cases at present on the Waiting List. Consideration has also had to be given to the release of property held under requisition for housing, and a proportion of the dwellings in all future schemes will be reserved for the accommodation of families taken out of requisitioned property.

Formal action under the Housing Act, 1936 was commenced in respect of a cottage which was represented as unfit for human occupation. The formal proceedings were adjourned for a period to enable the owner to submit proposals for the temporary occupation of the premises. The cottage has however remained unoccupied.

FACTORIES.

1. INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH.

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers prosecuted
(i) Factories in which sections 1,2,3,4 and 6 are to be enforced by Local Authorities	4	1	1	-
(ii) Factories not included in (i) in which section 7 is enforced by the Local Authority	10	5	1	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	-	-	-	-
Totals:	14	6	2	-

2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars	No. of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1.)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	2	3	-	1	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
Totals:	2	3	-	1	-

